FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # P96000085789 1. Corporation Name

SAFE FOOD SYSTEMS, INC.

Principal Place of Business

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90129 036 ***150.00



780 EAST OAKLAND PARK BLVD. T LAUDERDALE FL 33306	2780 EAST OAKLAND PAHK BLVD. FT LAUDERDALE FL 33306		DO NOT WRITE IN THIS	SPACE
			3. Date Incorporated or Qualifed	
			10/16/1996	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
1	26		65-0719781	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
2	City & State		6. Election Campaign Financing	\$5.00 May Be
City & State	28		Trust Fund Contribution	Added to Fees
Zip Country	⊢	untry	This corporation owes the current year Int. Personal Property Tax.	angible □Yes □No
4 25	29 30		10. Name and Address of New Registered	
Name and Address of Current Registered Agent			10. Name and Address of New Registered	ngent
		81 Name		
GUNDLACH, WILLIAM		82 Street Address (P.O. Box Number is Not Acceptable)		
2780 EAST OAKLAND PARK BLVD.				<u> </u>
FT LAUDERDALE FL 33306		83		

11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of Section 607,0505. Florida Statutes

agent. I am familiar with, and accept the obligations of, Section 607.0505, Fibrida Statutes.							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE							
12.	OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	PD DELETE	1.1 TITLE	☐ Change ☐ Addition				
NAME	GARNEAU, JOHN P. S	1.2 NAME					
STREET ADDRESS	3465 N.E. 31ST AVE.	1.3 STREET ADDRESS					
CITY-ST-ZIP	LIGHTHOUSE POINT FL	1.4 CITY-ST-ZIP	<u> </u>				
TITLE	VPD DELETE	2.1 TITLE	☐ Change ☐ Addition				
NAME	GUNLACH, WILLIAM III	2.2 NAME					
STREET ADDRESS	2780 E. OAKLAND PARK BLVD	2.3 STREET ADDRESS					
CITY-ST-ZIP	FT. LAUDERDALE FL 33306	2, 4 CITY-ST-ZIP					
TITLE	STD DELETE	3.1.TITLE	Change Addition				
NAME.	GUNDLACH, JON ERIC	3.2 NAME					
STREET ADDRESS	2780 E. OAKLAND PARK BLVD	3.3 STREET ADDRESS					
CITY-ST-ZIP	FT. LAUDERDALE FL 33306	3.4. CITY-ST-ZIP					
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition				
NAME		4.2 NAME					
STREET ADDRESS		4.3 STREET ADDRESS					
CITY-ST-ZIP		4.4 CITY-ST-ZIP					
TITLE	☐ DELETE	5.1 TITLE	Change Addition				
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
CITY-ST-ZIP		5.4 CITY-ST-ZIP					
TITLE	DELETE	6.1 TITLE	☐ Change ☐ Addition				
NAME	•	6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					
CITY-ST-ZIP		6.4 CITY-ST-ZIP					
44 boroby o	artify that the information supplied with this filing does not qualify for the	e exemption stated in	n Section 119.07(3)(i). Florida Statutes. I further certify that the information				

indicated on this annual report or supplied with this limits does not qualify for the exemption stated in Section 118.07(3)(f), Fronta Statutes. Harner certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

85 Zip Code